

## Earwax

CPT Scott Bledsoe, MD

### What is earwax?

Earwax, a.k.a. *cerumen*, is a natural and necessary secretion meant to clean and protect the ear. Cerumen is usually soft, varies in color, and is there to trap small particles of dust and debris which may enter the ear canal.

### What are symptoms of earwax blockage?

- partial hearing loss
- ringing in the ears
- dizziness or vertigo
- sensation that the ear is plugged
- earache
- cough or upper airway congestion



### What causes earwax to become impacted?

Earwax becomes impacted in the ear canal primarily because of self-induced reasons. Cleaning out the ears with a cotton-tipped swab or other objects, like one's finger, pushes the wax deeper into the ear against the eardrum. Exposure to lots of dust and debris can cause the cerumen to become harder and bulkier, and is a risk factor for impaction. Other risk factors include swimming, long showers, and other activities which expose the ear canal to water for a prolonged period of time. Over-abundant production of earwax can run in families, too.

### How is earwax impaction diagnosed?

Impacted earwax is easily diagnosed in the clinic by your health care provider looking into your ear canal through an otoscope.

### What is the treatment for an earwax impaction?

It is not necessary to have ears that are completely free of any earwax—remember it is supposed to be there for your protection. But if your ear has become impacted with hardened earwax, the following measures can help you:

- ☞ Earwax removal drops containing a mild hydrogen peroxide solution can gently soften and dissolve the wax to make it come out easier. Do not use regular-strength peroxide, as this may burn the delicate lining of your ear canal.
- ☞ Warm water mixed 50 : 50 with 3% hydrogen peroxide solution can be put into the ear, and using a soft rubber bulb syringe, you can suck out the fluid and wax after a minute or so. This may take several tries, perhaps once a day, until the large plug of cerumen comes out.
- ☞ If the above measures don't work, your doctor can try digging out the plug with a special earwax probe through the otoscope. This should only be attempted by a medical professional (*"Don't try this at home!"*)

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because the eardrum can be ruptured if not performed properly. This works well for most people, but is a rather uncomfortable procedure.

- ☞ Irrigation and suction can also be done in the clinic for more severe cases, particularly when all of the above methods have not worked.

### How can earwax impaction be prevented?

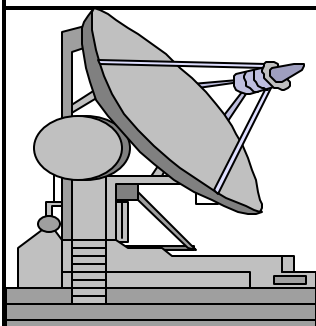
Minimizing the amount of hard, bulky earwax in your ear canal is the best way to avoid impaction, because you will be less likely to try and dig it out, thus causing it to become impacted. Avoiding dusty places, or wearing earplugs can help. You should avoid placing anything into your ear (*except your elbow*).

Cleaning your ears should not involve sticking any swabs into the ear canal. If you must use a swab, only use it to brush away the hardened earwax that is just near the opening of the ear.

Once the main impaction has been cleared out, you may want to irrigate your ears out on a weekly basis to keep the cerumen from becoming too bulky and hard. Debrox® or Cerumenex® are helpful for this, and are gentle enough for use in children.

### For what reasons should I follow-up, call the clinic, etc.?

If you believe your ear is impacted with earwax, try the above therapy to take care of the problem. If it doesn't work, you should come in for an appointment to have your ears examined. If you develop unusually severe pain in the ear, or if it begins to bleed or weep foul-smelling fluid, you should come in to have this evaluated, as this may represent an ear drum rupture and/or an infection.



This Patient Information Handout is produced by the Directorate of Primary Care Services, Dwight D. Eisenhower Army Medical Center, Ft. Gordon, GA.

Information is current and correct at the time of the last revision. This information sheet is not intended to replace an evaluation by a competent medical provider, but rather to supplement the treatment plan outlined by the patient's health care provider. Moreover, much of the information is intended to be of a general nature and it cannot be assumed that such information will necessarily apply to specific individuals. Opinions and facts do not necessarily reflect that of the United States Government or its subordinate agencies.

Questions, comments and corrections should be forwarded to:

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## The Directorate of Primary Care Services

	<u>Hours</u>	<u>Appointments</u>	<u>Messages</u>
Connelly Signal Health Clinic	0600-1600*	787-7300	787-7360
Signal Health Care Clinic #4 (TMC #4)	0600-1600*	787-7300	787-7360
Main Family Practice Clinic	0600-2030	787-7300	787-7360
Internal Medicine Clinic	0800-1600*	787-7300	787-7360
Primary Care Clinic	0800-1600*	787-7300	787-7360

Medication Renewals 787-7360

Pharmacy Direct Refills 787-1710

Emergency Dept. Advice Line	787-5222/6727
Poison Control	1-800-282-5846
Outpatient Pharmacy	787-7010
Labor and Deliver @ MCG	721-2687
Emergency	dial 911
Information Desk @ EAMC	787-5811/4568
TriCare Information Hotline	1-800-333-5331

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Extended Hours Clinic is held at the Main FP Clinic, and is available for all the soldiers, retirees, and family members seen at any of the Directorate of Primary Care Clinics.